FOR PARTNERSHIPS ONLY

CERTIFICATE REQUIRED TO BE FILED BY CO-PARTNERS CONDUCTING BUSINESS IN THE COMMONWEALTH OF VIRGINIA UNDER AN ASSUMED OR FICTITIOUS NAME.

We, the undersigned, do hereby certify in accordance with the provisions of § 59.1-69 of the 1950 Code of Virginia that we are conducting as co-partners the business of

	(Type of Business)			
at(Street Address)		(City)	(State)	(Zip)
Fauquier County, Virginia, under the name of	of	(,)	(2)	(
that the full names of each and every person business, with their respective post office and		-	and owning the sa	aid partnership
business, with their respective post office and	i residence addresses, ar	е.		
FULL NAME POST OFFICE ADDRESS		RESIDENCE ADDRESS		
that the name and style of the firm is as her continue is indefinite, and the locality of our Given under our hands this	place of business is as h	ereinabove sl	nown.	artnership is to
X	X			
X	X			
Commonwealth of Virginia County of Fauquier, to-wit:	otary Public) in and for	the Common	nwealth and Count , whose names	
the foregoing and hereunto annexed Certifical day personally appeared before me and acknowledge Given under my hand this	owledged the same before	re me in my o	, 2,	
My Commission Expires :	Deputy Clerk (l		·)	
In the Clark's Office of the Circuit	Court of Equation Com	ntr. Vincinia		
In the Clerk's Office of the Circuit o'clockM, this Certificate with the admitted to record.	-			

TESTE: GAIL H. BARB, CLERK

Clerk's Recording Fee of \$10.00 Paid.
Fauquier County Circuit Court
40 Culpeper St., Warrenton, VA 20186

BY:

Deputy Clerk